Please direct all correspondence to: 28549

## Address all correspondence and telephone calls to:

Kevin Mierzwa - 38049 Artz & Artz PLC 28333 Telegraph Road, Suite 250 Southfield, MI , 48034

## (248)223-9500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

		SIGNATURE:	
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Name: Home Address: City, State, Zip: Country: Residence: Natlonality/Citize	James Helmke 1162 St. Andrews, Highland, MI 48357 United States of America Highland, MI 48357, nship:	United States of America United States of America	Date: <u>0/3//0</u> /
Name: Home Address: Clty, State, Zip: Country: Residence: Nationality/Citize	Frank Perry 29217 Hunter Court, Brownstown, MI 48183 United States of America Brownstown, MI 48183, nship:	United States of America United States of America	Date:
Name: Home Address: City, State, Zip: Country: Residence: Nationality/Citize	Judy Bridgeman 651 West Boston Blvd, Detroit, Michigan 48202 United States of America Detroit, Michigan 48202, niship:	United States of America United States of America	Date:

Jennifer Stec

## Attorney's Docket No. DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION 81107271 As a below named inventor, I hereby declare: My residence, post office address and citizenship are as stated below next to my name; I verily believe I am the original, first and sole inventor or an original, first and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled CRASH NOTIFICATION SYSTEM FOR AN AUTOMOTIVE VEHICLE the specification of which is attached hereto. I have reviewed and understand the contents of the specification identified above, including the claims. I acknowledge my duty to disclose information of which I am aware that is material to the examination of this application in accordance with Section I.56(a), Title 37 of the Code of Federal Regulations; and as to application for patents or inventor's certificate on the invention filed in any country foreign to the United States of America, prior to this application by me or my legal representatives or assigns, no such applications have been filed, or such applications have been filed as follows: [X] I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below [] COUNTRY APPLICATION NO. DATE OF FILING DATE OF ISSUE **PRIORITY** Additional provisional (month, day, year) (month, day, year) CLAIMED application **UNDER 35 USC 119** numbers are listed 28 June 2002 United States of 10/064,281 on a supplemental America priority data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application. (Status - patented, pending, abandoned) (Filing Date) (Application Number)

POWER OF ATTORNEY: - I/we hereby appoint the following Practitioners at: Customer Number 28549, as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office and all foreign Patent Offices.

(Status - patented, pending, abandoned)

(Filing Date)

(Application Number)

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